



District of Columbia Department of Health

School Health Services Program

Request for Applications

CHA.SHSP.040116

Submission Deadline: Monday, May 2, 2016 by 4:15 pm



The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH (DOH)
COMMUNITY HEALTH ADMINISTRATION (CHA)
NOTICE OF FUNDING AVAILABILITY (NOFA)

Request for Applications # CHA.SHSP.040116

School Health Services Program

The Government of the District of Columbia, Department of Health Community Health Administration (CHA) is soliciting applications from qualified applicants to manage and operate the District's School Health Services Program. Qualified applicants will coordinate and provide school health services for students in pre-kindergarten through grade 12 and ungraded special needs students in public and public charter schools. The foundation for services will be based on the Whole School, Whole Community, Whole Child model and in accordance with the standards and guidelines of the National Association of School Nurses, American Academy of Pediatrics, Centers for Disease Control and Prevention and relevant Federal and District of Columbia laws and regulations.

Up to \$19,200,000.00 will be available for up to four (4) awards. Awards are projected to begin July 1, 2016 and continue through September 30, 2020. There will be four (4) budget periods. The first budget period is prorated to three (3) months, ending September 30, 2016. Subsequent budget periods will be for 12 months with the second beginning October 1, 2016. The number of awards, budget periods and award amounts are contingent upon availability of funds and recipient performance. The initial funding is made available under the District of Columbia Fiscal Year 2016 (FY16) Budget Support Act (BSA) of 2015.

Organizations and entities eligible to apply for funding under this announcement include not-for-profit, public and private primary care organizations located and licensed to conduct business within the District of Columbia and experienced in providing and/or coordinating pediatric and adolescent health services in an academic setting.

The Request for Application # CHA_SHSP_040116 will be released on Friday, April 1, 2016. Applicants can download a copy of the RFA from the DC Grants Clearinghouse website at www.opgs.dc.gov. CHA will have a limited number of copies of the complete RFA available for pick up at 899 N. Capitol Street, NE, 3rd Floor reception area.

The deadline for submission is Monday May 2, 2016 at 4:15 pm. All applications must be received in the DOH/CHA suite on the third floor by 4:15 pm. **Late submissions and incomplete applications will not be forwarded to the review panel.**

The Pre-Application conference will be held at 899 North Capitol Street, NE, Washington, DC 3rd Floor Conference Room 306 on **Friday, April 8, 2016** from 1:00pm – 3:00 pm. If you have any questions please contact Charlissa Quick at charlissa.quick@dc.gov or at (202) 442-9123.

****CHA is located in a secured building. Government issued identification must be presented for entrance.**

**District of Columbia Department of Health
RFA Terms and Conditions**

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The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or

other revision of the applicant's proposal that may result from negotiations.

- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars **2 CFR 200 (effective December 26, 2014)** and as applicable for any funds received and distributed by DOH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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I. CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Funding and affixed it to the front of the Application Package.
- The Complete **Application Package**, includes the following:
 - DOH Application for Funding
 - Project Narrative
 - Project Work plan
 - Project Budget & Justification
 - Package of Assurances and Certification Documents
 - Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, Past Performance Review, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- The Project Narrative is printed on 8½ by 11-inch paper, **single-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed work plan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and (1) hard copy.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.

The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than **4:15 pm** on the deadline date of **May 2, 2016**.

II. GENERAL INFORMATION

A. Key Dates

- Notice of Funding Announcement: **March 4, 2016**
- Request for Application Release Date: **April 1, 2016**
- Pre-Application Meeting Date: **April 8, 2016**
- Application Submission Deadline: **May 2, 2016 by 4:15 pm**
- Anticipated Award Start Date: **July 1, 2016**

B. Overview

The Government of the District of Columbia's DOH, is soliciting applications from qualified not-for-profit organizations located and licensed to conduct business within the District of Columbia to provide management and daily operation of the School Health Services Program. This program encompasses the management and oversight of health professionals serving public and the public special need school sites in the District of Columbia. The grantee shall be responsible for providing the required health professional staff to deliver school health services at designated schools while ensuring the program adheres to national best practice standards for the provision of school health services.

C. Performance and Funding Period

The anticipated performance and funding period is July 1, 2016 thru September 30, 2020 with four (4) budget periods. The first budget period is prorated to three (3) months, ending September 30, 2016. Subsequent budget periods will be for 12 months with the second beginning October 1, 2016. DOH anticipates availability of approximately \$19,200,000.00 to fund up to four (4) awards during the performance period.

Annual continuation of awards for up to one (1) year, will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

D. Eligible Organizations/Entities

Organizations and entities that are eligible to apply for funding under this announcement include not-for profit, public and private organizations located and those licensed to conduct business within the District of Columbia. Eligible applicants must demonstrate experience providing and/or coordinating health services to school-aged children, young adults and students with special health care needs.

III. BACKGROUND

A. District of Columbia

A large body of research demonstrates the critical link between student health and academic performance. This understanding informed the development of the Whole School, Whole Community, Whole Child (WSCC) model, which calls for cross-disciplinary collaboration between

agencies and organizations to comprehensively support student well-being. As all children are required to attend school starting at age five, school-based health personnel are in a unique position to support student health working in tandem with school personnel and other community resources. The District has prioritized having school health services available for all public school students, as evidenced by the significant investments allocated for school nursing services and school based health centers. Merging current best practices for school health services and priorities of District residents, the Department of Health seeks to implement a comprehensive, integrated and collaborative model of school health services provision to support the whole child.

As of the 2014-15 school year, the District of Columbia public education system serves more than 85,000 children and youth between the ages of 3 years and 18+ years. Approximately 47,500 students are enrolled at District of Columbia Public Schools and about 37,600 attend a public charter school. Of these students, 44% are eligible for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), a proxy measure of student poverty.¹ Children growing up in poverty complete less schooling, work and earn less as adults, are more likely to receive public assistance and have poorer health.

In addition to high rates of poverty, District public school students also experience chronic health issues, with about 30% of the entire student body requiring care beyond routine health services. One of the most significant health needs for children and youth in the District of Columbia is asthma. The 2012 YRBS found that 31% of high school students in the District had experienced asthma symptoms over the course of their lifetime, compared with 21% nationally (2013 YRBS). During 2014-15 school year, DOH-supported school health services documented 13,365 students with an asthma diagnosis. During the 2014-15 school year DOH provided health services at approximately 160 public schools.

According to the Centers for Disease Control and Prevention²,

“School health services intervene in actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes). In addition, wellness promotion, preventive services and staff, student and parent education complement the provision of care coordination services. These services are also designed to ensure access and/or referrals to the medical home or private healthcare provider. Health services connect school staff, students, families, community and healthcare providers to promote the health care of students and a healthy and safe school environment. School health services actively collaborate with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health, and to be able to manage these stressors and advocate for their own health and learning needs. Qualified professionals such as school nurses, nurse practitioners, dentists, health educators, physicians, physician assistants and allied health personnel provide these services”.

¹ Office of the State Superintendent of Education (2015). SY2014-15 enrollment audit. Retrieved from, http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Enrollment%20Audit_updated_2015_7_31.xlsx

² 2015. *Healthy Schools, Components of the Whole School, Whole Community, Whole Child (WSCC)*. August 19. <http://www.cdc.gov/healthyschools/wscs/components.htm>.

Within school health services, school nurses may play a number of support roles, including providing health education, triaging acute medical problems and coordinating preventive and chronic disease care with a child's primary physician or medical home. Research has demonstrated that school nurses may positively impact student health by helping reduce absenteeism³, identifying health needs⁴ and reducing time other school staff spend dealing with student health issues⁵. Other allied health professionals also play a key role in implementation of school health services, such as providing health education, tracking health needs and linking students and their families to other community resources.

The District of Columbia School Health Services Program (DCSHSP) aims to create greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development.

B. Purpose

The Government of the District of Columbia, Department of Health (DOH), is soliciting applications from qualified entities to provide comprehensive school-based health services to improve student health outcomes. Qualified applicants will coordinate and implement programs to include care coordination, clinical and allied health services, community navigation, and quality improvement/program evaluation for public school students in the District of Columbia. Applicants may address one or multiple performance areas in a single application; however, the application must clearly specify the plans, outcomes, quality assurance, and budget for each performance area. The applicant(s) for a performance area shall incorporate the Whole School, Whole Community, Whole Child (WSCC) approach and describe alignment and integration with other performance areas and the school environment.

³ Wang, L. Y., Vernon-Smile, M., Gapinski, M. A., Desisto, M., Maughan, E., & Sheetz, A. (2014). Cost-benefit study of school nursing services. *JAMA Pediatrics*, 168(7), 642; Pennington, N., & Delaney, E. (2008). The number of students sent home by school nurses compared to unlicensed personnel. *The Journal of School Nursing*, 24(5), 290-297; Wyman, L. L. (2005). Comparing the number of ill or injured students who are released early from school by school nursing and nonnursing personnel. *The Journal of School Nursing*, 21(6), 350-355.

⁴ Baisch, M. J., Lundeen, S. P., & Murphy, M. K. (2011). Evidence-based research on the value of school nurses in an urban school system. *Journal of School Health*, 81(2), 74-80.

⁵ Wang, L. Y., Vernon-Smile, M., Gapinski, M. A., Desisto, M., Maughan, E., & Sheetz, A. (2014). Cost-Benefit Study of School Nursing Services. *JAMA Pediatrics*, 168(7), 642.

IV. ADMINISTRATIVE REQUIREMENTS

A. Award Uses

The award under this RFA will be used exclusively to pay costs associated with the implementation of the award. Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) will be required to:

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre- award negotiations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Appendix F: Assurances & Certifications and Mandatory Disclosures), documentation of non-disbarment or suspension (current or pending) of eligibility to receive federal funds.
- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of the Department of Health and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.
- Develop a sustainability plan for the proposed initiative

C. Administrative Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

D. Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Awardees subject to A-133 rules must have available and submit the most recent audit reports, as requested by DOH personnel.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

G. Quality Assurance

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the awardee. Awardees will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the awardee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The awardee will receive a performance rating and subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

V. PERFORMANCE REQUIREMENTS

A. Target Population

Children attending District of Columbia public elementary, middle and high schools and the ungraded special needs school.

B. Location of Services

Services will be provided within public schools in the District of Columbia.

C. Performance Areas

Applicant(s) shall design and implement the following core functions of the performance area(s) using the Whole School, Whole Community, Whole Child (WSCC) framework as a foundation for health service delivery. Applicant(s)' program design shall demonstrate the manner in which core school health performance areas will be aligned and integrated with other performance areas.

Applicant(s) shall also describe how performance area functions can be integrated into the school community, particularly around school-wide health promotion and local wellness councils, where applicable. Services must comply with Federal and State health and education laws and regulations governing privacy, discrimination, and provision of health services to children in schools.

Applicant(s) shall describe how the following core functions will be designed and implemented:

1. Care Coordination

○ Preventive Health Services

- **Health Assessments** - Applicant shall ensure school health service personnel shall provide routine care coordination, and case management as needed, for students to facilitate comprehensive preventive health care at the student's medical home, identification and management of student health needs, and completion of forms. Applicant shall ensure school health service personnel collect and review annual certificates of health to identify health needs, such as vision and hearing screening, recommended immunizations, and prescribed medications. School health service personnel shall, in conjunction with DOH, assess completeness of required health certificates, including immunizations and vision/hearing screening, for all students

within the school. Applicant shall describe process for referrals to primary and specialty medical services, mental health services, social services and community based programs based on students' identified health needs. The referral process shall entail ensuring completion of the referral.

- **Condom Distribution** - School health service personnel shall coordinate distribution of condoms in schools in conjunction with DOH's Condom Distribution Program.
- **Chronic Disease Management** – School health service personnel, in conjunction with the student's primary medical home, shall develop and implement health care plans and shall monitor students with chronic conditions to prevent and control disease exacerbation. Plans may include, but are not limited to, asthma action plans and allergy/anaphylaxis emergency plans. School health service personnel shall provide routine care coordination and case management as needed for students to facilitate chronic disease management and regular comprehensive care at the student's medical home. Applicant shall describe process for referrals to primary and specialty medical services based on students' identified health needs. The referral process shall entail ensuring completion of the referral.
- **Behavioral Health Coordination**– School health service personnel shall coordinate with other school health programs and providers, such as services offered through the Department of Behavioral Health, to ensure students are appropriately identified and referred and to avoid duplication of services.

Care Coordination Program Design and Implementation Plan:

The applicant shall design and implement school health care coordination services that are based on national standards for operating and assuring school health services. Applicant's program design and implementation plan shall describe how the above functions will be performed, tracked, and integrated with other performance areas and the school environment as well as how quality will be assured.

Quality Assurance

Applicant shall provide a plan to implement a Quality Assurance (QA) program for care coordination services. QA programs should ensure services comply with existing standards of practice. QA plans should contain the following minimum elements:

- Health professional credentialing;
- Assurance of compliance with appropriate state and federal regulations
- Risk minimization/management procedures
- Clinical protocol and guideline development
- Health professional continuing education
 - Clinical service personnel shall receive guidance and training about providing care to students experiencing developmental, behavioral, or other challenges using principles of trauma-informed care
 - Clinical service personnel shall receive professional development on pediatric best practices and emerging health issues including but not limited to asthma, diabetes and immunization
- Utilization review/ health records review

Applicants shall ensure all clinical staff deliver services within their scope of practice, meet the standards and requirements of the appropriate health professions board, and comply with safety and security requirements.

Applicants are encouraged to develop a program design and implementation plan that utilizes key personnel, including but not limited to the following:

Program Director

The applicant shall ensure that the Program Director position is held by a licensed health care professional, preferably a registered nurse with a graduate degree or advanced practice license, with a minimum of 5 years of experience managing health care professionals who provide and coordinate health services to diverse pediatric and adolescent populations, including medically fragile children and children with special health care needs. This position is directly responsible for managing day to day care coordination needs and to coordinate with the Clinical and Allied Health Services performance area Director to cover schools based on preventive and maintenance health needs. This position will be responsible for communication and collaboration with Directors/Managers of other performance areas as well as with DOH. This position must also have a working knowledge of Federal and local health and education laws and regulations governing privacy, discrimination, and providing health services to children in schools.

Clinical Personnel

The applicant shall ensure a skill mix incorporating the use of Registered Nurses (RN), Licensed Practical Nurses (LPN), Health Technicians (HT), and other paraprofessionals based on the size and the health and social needs of the student population, as well as available health resources in the community.

The applicant shall ensure sufficient supervisory, administrative, clinical, quality assurance, and technology personnel to support the care coordination performance area of DCSHSP.

2. Clinical and Allied Health Services

- **Special Health Care Needs** – School health services personnel shall provide health services for children with special health care needs (CSHCN), defined as those students who require health and related services beyond those required by children generally.
 - School health service personnel shall provide ambulatory nursing procedures for students. Examples of procedures include, but are not limited to, gastric tube feedings, tracheostomy care, insulin administration, maintenance of orthopedic device and bladder catheterization.
 - School health service personnel, in conjunction with the student's medical home, shall develop Individual Health Plans for all students classified as CSHCN Level 2-3. (See Definitions for CSHCN stratification).
 - Designated and qualified school health services personnel shall participate, when appropriate, in the development of the health services component of Individualized Education Plans (IEP) and 504 Accommodation Plans.
 - An advanced level medical practitioner, such as a nurse practitioner or physician, with at least five years' experience caring for children with special health care needs, shall be available to provide technical assistance and consultation on students with special health care needs at covered schools as needed. Consultations in conjunction with the Office of Specialized Instruction may be required periodically.
 - School health services personnel shall not provide services for those medically complex special education students necessitating frequent interventions and/or close monitoring through dedicated or one-on-one care (CHSCN Level 4).

- School health services personnel shall coordinate with other school health staff such as those health personnel procured by the education agency for accommodation of students with disabilities (CHSCN Level 4). Communication and coordination shall assure the transfer and sharing of pertinent student information, ensuring the safety and wellbeing of students with special health care needs.
- **Vision and Hearing Screenings** - Applicant shall describe implementation plan for provision of vision and hearing screening for students based on federal requirements, EPSDT standards and local school needs. Applicant shall demonstrate capacity for surge screening at the beginning of each school year. Screening results for each school shall be made available for school administration review biannually (at the beginning and middle of the school year). Applicant shall ensure a mechanism for follow up of abnormal screens.
- **Medication Administration Training for School Staff** - Health service personnel shall identify or develop, in conjunction with DOH, and implement a medication administration training program for school staff to fulfill requirements under DC Code § 38–651.04.
- **Management of acute illness and injury**
 - School health service personnel shall administer short term medical management of illness and injuries, medication management, and first aid.
 - School health service personnel shall develop clear protocols for student care when they are not available on site, including but not limited to the use of telephonic nurse coverage and designated school staff, and shall collaborate with school administrative staff to disseminate such protocols.
 - School health service personnel shall comply with applicable state and federal laws for communicable disease reporting.

Clinical and Allied Health Services Program Design and Implementation Plan:

The applicant shall design and implement school health clinical and allied health services that are based on national standards for operating and assuring school health services. This performance area is responsible for assigning daily clinical service coverage of schools to ensure the health and safety of children based on student enrollment and medical acuity level.

Applicant's program design and implementation plan shall describe how the above functions will be performed, tracked, and integrated with other performance areas and the school environment as well as how quality will be assured.

Quality Assurance

Applicant shall provide a plan to implement a Quality Assurance (QA) program for clinical and allied health services. QA programs should ensure services comply with existing standards of clinical practice. QA plans should contain the following minimum elements:

- Health professional credentialing;
- Assurance of compliance with appropriate state and federal regulations
- Risk minimization/management procedures
- Clinical protocol and guideline development
- Health professional continuing education
 - Clinical service personnel shall receive guidance and training about providing care to students experiencing developmental, behavioral, or other challenges using principles of trauma-informed care

- Clinical service personnel shall receive professional development on pediatric best practices and emerging health issues including but not limited to asthma, diabetes and immunization
- Utilization review/ health records review

Applicants shall ensure all clinical staff deliver services within their scope of practice, meet the standards and requirements of the appropriate health professions board, and comply with safety and security requirements.

Applicants are encouraged to develop a program design and implementation plan that utilizes key personnel, including but not limited to the following:

Program Director

The applicant shall ensure that the Program Director is a licensed physician, with a minimum of 5 years of experience managing a pediatric or adolescent health care facility. The Program Director will exercise overall authority for Clinical and Allied Health Services and for its integration with other performance areas. The Program Director will be responsible for communication and collaboration with Directors/Managers of other performance areas as well as with DOH. The Program Director, or other identified senior management personnel, must have a knowledge of applicable Federal and District regulations, management of medically fragile students, and routine preventive and chronic disease care in pediatric populations.

Health Services Director

The applicant shall ensure that the Health Services Director position is held by a licensed health care professional, preferably a registered nurse with a graduate degree or advanced practice license, with a minimum of 5 years of experience managing health care professionals who provide health services to diverse pediatric and adolescent populations, including medically fragile children and children with special health care needs. This position is directly responsible for managing day to day DCSHSP coverage of schools to ensure the health and safety of children based on student enrollment and medical acuity level. This position is directly responsible for managing day to day clinical and allied health services. This position must have a working knowledge of Federal and local health and education laws and regulations governing privacy, discrimination, and providing health services to children in schools.

Clinical Personnel

The applicant shall ensure a skill mix incorporating the use of Registered Nurses (RN), Licensed Practical Nurses (LPN), and Health Technicians (HT) based on the size, medical acuity level and social needs of the student population, as well as available health resources in the community. Nurse staffing must comply with DC Law 7-45(DC Official Code §38-621) which provides registered nurses to District elementary and secondary public and public charter school for a minimum of 20 hours per week. Licensed practical nurses may be used to supplement the registered nurse work force in meeting the 20 hours per week minimum.

The applicant shall ensure sufficient supervisory, administrative, clinical, quality assurance, and technology personnel to support the clinical and allied health services performance area of DCSHSP.

3. Community Navigation

- Health service personnel such as Community Health Workers or Community Navigators shall provide outreach and support to students and families as needed and as identified by Care Coordination and Clinical and Allied Health Services personnel. Health service personnel such as Community Health Workers or Community Navigators shall also provide outreach to community and clinical resources to facilitate linkages to programs and care and shall collaborate with other school staff who provide family support services as needed. Applicant shall describe process for referrals to social services and community based programs and for facilitating clinical appointments based on students' identified needs. The referral process shall entail ensuring completion of the referral.

Community Navigation Program Design and Implementation Plan:

The applicant shall design and implement school health community navigation services that are based on national standards for operating and assuring school health services. Applicant's program design and implementation plan shall describe how the above functions will be performed, tracked, and integrated with other performance areas and the school environment as well as how quality will be assured.

Quality Assurance

Applicant shall provide a plan to implement a Quality Assurance (QA) program for care coordination services. QA programs should ensure services comply with existing standards of practice. QA plans should contain the following minimum elements:

- Assurance of compliance with appropriate state and federal regulations
- Risk minimization/management procedures
- Professional continuing education
 - Personnel shall receive guidance and training about communicating with students and/or families experiencing developmental, behavioral, or other challenges using principles of trauma-informed care
- Utilization review/ health records review

Applicants shall ensure all staff deliver services within their scope of practice, and comply with safety and security requirements.

Applicants are encouraged to develop a program design and implementation plan that utilizes key personnel, including but not limited to the following:

Program Manager

The applicant shall ensure that the Program Manager has a minimum of 5 years of experience managing a community outreach, community health, or related program. The Program Manager will be responsible for managing the training, development, credentialing, and general oversight of all community navigation staff as well as for assuring the quality of community navigation and suggesting improvements to ensure its effectiveness. The Program Manager will be responsible for developing and refining a staffing plan for school and/or geographic coverage that meets the needs of the students. The Program Manager will be responsible for regular communication, including but not limited to staffing, and for coordination/collaboration with Directors/Managers of other performance areas as well as with DOH. The Program Manager must have a knowledge of applicable Federal and District regulations.

Community Health Personnel

CHA.SHSP.040116

The applicant shall ensure a skill mix incorporating the use of Community Health Workers or Community Navigators based on the size and social needs of the student population, as well as available health and community resources in the community.

The applicant shall ensure sufficient supervisory, administrative, quality assurance, and technology personnel to support the community navigation performance area of DCSHSP.

4. Quality Assurance/Quality Improvement and Program Evaluation

- Quality Assurance/Quality Improvement - Applicant shall provide a plan to implement a quality assurance/quality improvement (QA/QI) program for the District of Columbia School Health Services Program (DCSHSP). Applicant will work with DOH to develop and implement continuous quality improvement (CQI) initiatives aimed to improve student health outcomes and service delivery. QA/QI plans should contain, but not be limited to, the following elements:
 - Assurance of compliance with appropriate state and federal regulations
 - Risk minimization/management procedures
 - Clinical protocol and guideline development
 - Assurance of core competencies
 - Utilization review/ health records review
 - CQI implementation plans and learning collaborative support
 - Student (patient) and/or parent grievance submission and review procedures
 - School staff grievance submission and review procedures
 - Assessment of student (patient), parent and school staff satisfaction
 - Ongoing monitoring of process and outcomes measures
- Program Evaluation - Applicant shall provide an evaluation plan designed to demonstrate the effectiveness of the District of Columbia School Health Services Program (DCSHSP) in addressing the health needs of the population served and the efficiency of health service delivery. Evaluation plans should follow an established scientific framework, such as the Centers for Disease Control's Framework for Program Evaluation for Public Health Programs or the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework. Evaluation plans should include logic models and specific process and outcome measures. Relative improvements in selected student health and academic outcomes by the final budget period should be clearly defined and should drive the determination of inputs, activities and process measures.

Quality Assurance/Quality Improvement and Program Evaluation Program Design and Implementation Plan:

The applicant shall design and implement quality assurance and quality improvement activities as well as a robust program evaluation for the District of Columbia School Health Services Program (DCSHSP) that are based on national best practices for QA, QI, and program evaluation. Applicants are encouraged to develop a program design and implementation plan that utilizes key personnel, including but not limited to the following:

Program Manager

The applicant shall ensure that the Program Manager has a minimum of 7 years of experience managing clinical or public health QA/QI projects and program evaluations. The Program Manager will be responsible for the quality assurance of the overall DCSHSP and how each performance area aligns and integrates. The Program Manager will be responsible for development, implementation, and evaluation of QI activities. The Program Manager will be responsible for the development and implementation of the program evaluation. The Program Manager will be responsible for regular communication and collaboration with Directors/Managers of other performance areas as well as with DOH. The Program Manager must have a knowledge of applicable Federal and District regulations.

QA/QI Personnel

The applicant shall ensure a skill mix incorporating the use of analysts, evaluators and risk managers with experience in public health and health care.

Program Evaluation Personnel

The applicant shall ensure a skill mix incorporating the use of data analysts, research analysts, epidemiologists and program evaluators with experience in public health and health care.

The applicant shall ensure sufficient supervisory, administrative, scientific, and technology personnel to support the quality assurance/quality improvement and program evaluation performance area of DCSHSP.

The applicant shall describe how the above functions will be performed and documented.

D. Data Requirements

Applicants for Clinical and Allied Health Services shall describe how they will ensure that an electronic clinical records system with the ability to produce population health reports and outcomes-oriented reports is fully operational on the first day of School Year 2016-2017. This electronic records system will be the central health information repository to monitor DCSHSP and evaluate student outcomes. Applicants for Care Coordination, Community Navigation and QA/QI shall propose how data will be collected, stored and analyzed to track students and schools individually and in aggregate and shall describe possible ways to align or integrate health information systems.

Applicants shall develop the following reports where applicable for their performance area:

- Daily Coverage Report to DOH which details plans to address staffing changes due to changes in health needs of student body, unexpected personnel absences, facility closures or other emerging issues.
- Quarterly Population Health Reports describing the known medical conditions of students in covered schools. Reports shall be delineated by student gender, grade, school name and ward, and race/ethnicity, and shall be generated for the following health conditions:
 - Asthma- report should detail those students requiring daily medications vs. those requiring medications as needed (e.g. mild intermittent asthma diagnosis)
 - Diabetes- report should delineate insulin and non-insulin dependent students
 - Anaphylaxis- report should include number of students with known history of anaphylaxis due to allergens
 - Children With Special Health Care Needs- report should detail students meeting criteria for CSHCN including diagnoses and presence of IHP, IEP and/or 504; and number of consultations for 504 and IEP plans
 - Pregnancy- number of pregnant students (by trimester, if available)

- Monthly Case Management reports shall be describe number of referrals opened and closed monthly delineated by student gender, grade, school name and ward and race/ethnicity. Closed referrals are those referrals that result in the student and/or parent receiving the service. Referral types shall include:
 - Referrals to medical services (primary, behavioral health, oral health, and specialty services)
 - Referrals to social services (ex. TANF, WIC, housing, legal, child protective services, etc.)
 - Referrals to community resources (ex. food pantry, aftercare, parenting, youth development, etc.)
- Monthly Health Suite Utilization Reports shall be delineated by student gender, grade, school name and ward, and race/ethnicity and shall include:
 - Reason for visit
 - Chronic disease management- such as diabetic glucose testing, medication administration (by disease)
 - Preventive care- such as vision screenings and health certificate submission
 - Acute care management- such as injury or illness by type (example- burn injury, musculoskeletal injury, abdominal pain, asthma exacerbation, etc.)
 - Procedures- such as tracheostomy care, bladder catheterization, ostomy care, nasogastric feeding, orthopedic device maintenance, chest physical therapy and ventilator care.
 - Condom distribution- Student demographic information may be included in reporting if available. At minimum health service personnel shall track number of health suite visits for condom access.
 - Time in health suite (e.g. less than 10 minutes, 10-20 minutes, 21-30 minutes, 31-60 minutes, 61-120 minutes, more than 2 hours)
 - Disposition- e.g. return to class, home, transferred to ambulatory facility (primary or urgent care) and emergency medical transfer.
- Biannual Screening Reports
 - Vision and hearing screening reports shall be available at the start and middle of the school year.
- Quarterly Quality Assurance Reports
 - Continuous Quality Improvement Activity Report with description of project and outcomes
 - Unusual Occurrences Report with description of unusual occurrence and outcome
 - Grievance Report detailing person filing grievance (i.e. parent, student or school staff), reason for grievance and outcome.
- Monthly Staffing Report detailing all public schools with school health service personnel including school name, school type (DCPS or public charter), ward, enrollment number, principal, grades offered, name of DCSHP staff and coverage hours.
- Cumulative Annual Report to include all reports generated.
- Reports as requested by DOH to monitor program progress and outcomes

E. Performance Area Evaluation

Applicants shall collaborate with the Department of Health/Community Health Administration, Quality Assurance/Quality Improvement personnel, and Program Evaluation personnel to monitor and evaluate the implementation of core functions and assure quality.

F. Policy Development

Applicants shall collaborate with the Department of Health/Community Health Administration on the development of school health policies and procedures.

VI. PROPOSAL CONTENT (REQUIRED SECTIONS)

A. Experience

- Describe the applicant's understanding of the health and wellness needs of the District's school-aged population, including children with special health care needs.
- Describe the applicant's understanding of the Whole School, Whole Community, Whole Child model and the role of school health services within that framework.
- Describe the applicant's past experience delivering health services to school-aged children, including children with special health care needs, adhering to national best practice standards. (For Performance Area 4 : Describe the applicant's past experience monitoring or evaluating health services to school-aged children, including children with special health care needs, adhering to national best practice standards.)
- Describe the organization's experience with data collection, tracking and analyzing health outcomes.
- Describe the applicant's experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement large scale public health programs.
- Describe the applicant's experience working collaboratively with students, parents and medical homes to ensure student health needs are met or to ensure programs were successfully implemented.
- Describe the applicant's experience with successfully linking students (patients) to community resources (For Performance Area 4: Describe the applicant's experience with successfully convening different partners to achieve process improvement.)

B. Organizational Capacity

- Describe the applicant's ability to provide key personnel to oversee and implement the performance area.
- Describe the applicant's ability to provide the services described under each performance area for elementary, middle, high and ungraded special needs school populations. (For Performance Area 4: Describe the applicant's ability to provide the services described under each performance area for a school health services program)
- Describe the applicant's ability to utilize a mixed staffing model while ensuring student health needs are met and all staff are performing at their highest level of skill.
- Describe the applicant's partnerships and linkages that will demonstrate the ability to make the appropriate referrals to primary and specialty medical care and social services. (For Performance Area 4: Describe the applicant's partnerships and linkages that will demonstrate the ability to work with and evaluate diverse partners)
- Describe the applicant's information technology infrastructure to provide sufficient support for data collection, analysis and reporting, as well as support to ensure access to needed hardware and software.

- Describe the applicant's accounting structure. The structure should demonstrate the organization's ability to maintain effective internal controls and demonstrate the ability to provide accurate and complete information about all financial transactions related to this program.

C. Staffing

- Describe the applicant's experience with recruiting and retaining personnel as described under each performance area, including past successes, challenges and lessons learned.
- Describe how the proposed staffing model is consistent with the applicant's ability to implement the performance area for the duration of the project period.
- Describe the applicant's plan to recruit and retain staff in accordance with student health or programmatic needs and applicable District regulations.
- Describe the applicant's ability to rapidly adjust the staffing model in response to changes in health needs of student body, personnel absences, facility closures and emerging issues.

D. Implementation Narrative & Work Plan

The implementation plan is a narrative that describes how the performance area functions will be implemented. The work plan describes key process objectives and goals for successful implementation of those functions.

- Describe the organization's strategies for implementing services utilizing the WSCC framework. Strategies should specify how core functions (under each performance area) will be operationalized.
- Provide an annual work plan, using the template provided (Appendix B) that includes a chronological list and description and activities to be performed, the responsible staff, target completion dates and projected outcomes. The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed). (Include your Work Plan as part of the Attachments).

E. Evaluation Plan

- Describe the applicant's strategies to monitor and assure quality and implement internal CQI activities (For Performance Area 4, describe the applicant's strategies to assure quality and implement CQI for the entire program, including examples of proposed CQI projects.)

For Performance Area 4 Only:

- Describe the evaluation framework that will be used to follow program outcomes, objectively measuring the effectiveness of the DCSHSP.
- Describe student health outcomes that may be achieved annually and during the entire program period (approx. 4 years). Potential outcomes should be based on current evidence and may include, disposition of return to class, prevention of disease exacerbation, and reduced absenteeism.

F. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

VII. EVALUATION CRITERIA AND SCORING

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

For Performance Areas 1 (Care Coordination), 2 (Clinical and Allied Health Services), and 3 (Community Navigation):

A. Background (20 Points)

- Does the applicant demonstrate a clear understanding of the health and wellness needs of the District's school-aged population, including children with special health care needs?
- Does the applicant demonstrate a clear understanding of the Whole School, Whole Community, Whole Child model and the role of school health services within that framework?
- Does the applicant demonstrate past experience with delivering health services to school-aged children, including children with special health care needs, adhering to national best practice standards?
- Does the applicant demonstrate past experience with data collection, tracking and analyzing health outcomes?
- Does the applicant demonstrate past experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement large scale public health programs?
- Does the applicant demonstrate past experience working collaboratively with students, parents and medical homes to ensure student health needs are met?
- Does the applicant demonstrate past experience with successfully linking students (patients) to community resources?

B. Organizational Capacity (20 Points)

- Does the applicant clearly demonstrate the ability to provide key personnel to oversee and implement the functions of the performance area? Does the applicant include resumes/CVs of key senior personnel? Does the applicant submit position descriptions for all proposed personnel?
- Does the applicant clearly demonstrate the ability to provide the services described under its performance area for elementary, middle, high and ungraded special needs school populations? Does the applicant address all service functions?
- Does the applicant clearly demonstrate experience with and ability to implement quality assurance activities as described under the performance area?
- Does the applicant clearly demonstrate the ability to utilize a mixed staffing model? Does the model demonstrate the applicant's ability to ensure student health needs are met while all staff are performing at their highest level of skill?
- Does the applicant clearly demonstrate partnerships and linkages that will allow for appropriate referrals to primary and specialty medical care and social services?
- Does the applicant clearly demonstrate an information technology infrastructure that will provide sufficient support for data collection, analysis and reporting? Does the applicant clearly demonstrate access to needed hardware and software?
- Does the applicant describe an accounting structure that clearly demonstrates the organization's ability to maintain effective internal controls and provide accurate and complete information about all financial transactions related to this program?

C. Staffing (10 Points)

- Does the applicant clearly demonstrate experience with recruiting and retaining personnel as described under each performance area? Does the applicant include past successes, challenges and lessons learned?
- Does the proposed staffing model demonstrate the applicant's ability to implement the functions of the performance area for the duration of the project period?
- Does the applicant's staffing recruitment and retention plan clearly demonstrate the applicant's ability to adequately address student health needs? Is the staffing model compliant with applicable District regulations?
- Does the applicant clearly demonstrate the ability to rapidly adjust the staffing model in response to changes in health needs of student body, personnel absences, facility closures or potential emerging issues?

D. Implementation Plan (40 Points)

- Does the implementation plan clearly describe the applicant's strategies to implement services to fulfill the functions of the performance area using the WSCC framework? Does the implementation plan comprehensively address those functions described in this funding announcement (under each performance area)?
- Does the applicant include a work plan consistent with the work plan example provided in Appendix B? Does the work plan include process objectives that support an objective assessment of service delivery and efficiency?

E. Evaluation Plan (10 Points)

- Does the applicant clearly describe strategies to assure the quality of functions performed under the performance area?
- Does the applicant clearly describe strategies to implement internal CQI activities?

F. Budget and Budget Narrative (Reviewed, but not scored)

- Does the application include an itemized budget and reasonable justification consistent with the program plan?

For Performance Areas 4 (Quality Assurance/Quality Improvement and Program Evaluation):

G. Background (15 Points)

- Does the applicant demonstrate a clear understanding of the health and wellness needs of the District's school-aged population, including children with special health care needs?
- Does the applicant demonstrate a clear understanding of the Whole School, Whole Community, Whole Child model and the role of school health services within that framework?
- Does the applicant demonstrate past experience with monitoring or evaluating health services to school-aged children, including children with special health care needs, adhering to national best practice standards?

- Does the applicant demonstrate past experience with data collection, tracking and analyzing health outcomes?
- Does the applicant demonstrate past experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement large scale public health programs?
- Does the applicant demonstrate past experience working collaboratively with clinical and community service providers?
- Does the applicant demonstrate past experience with successfully convening different partners to achieve process improvement?

H. Organizational Capacity (20 Points)

- Does the applicant clearly demonstrate the ability to provide key personnel to oversee and implement the functions of the performance area? Does the applicant include resumes/CVs of key senior personnel? Does the applicant submit position descriptions for all proposed personnel?
- Does the applicant clearly demonstrate the ability to provide the services described under this performance area for a comprehensive school health services program? Does the applicant address all service functions?
- Does the applicant clearly demonstrate experience with and ability to implement quality assurance activities as described under the performance area?
- Does the applicant clearly demonstrate the ability to utilize a mixed staffing model? Does the model demonstrate the applicant's ability to ensure student health needs are met while all staff are performing at their highest level of skill?
- Does the applicant clearly demonstrate partnerships and linkages that reflect an ability to work with, provide feedback to, and evaluate diverse partners?
- Does the applicant clearly demonstrate an information technology infrastructure that will provide sufficient support for data collection, analysis and reporting? Does the applicant clearly demonstrate access to needed hardware and software?
- Does the applicant describe an accounting structure that clearly demonstrates the organization's ability to maintain effective internal controls and provide accurate and complete information about all financial transactions related to this program?

I. Staffing (10 Points)

- Does the applicant clearly demonstrate experience with recruiting and retaining personnel as described under each performance area? Does the applicant include past successes, challenges and lessons learned?
- Does the proposed staffing model demonstrate the applicant's ability to implement the functions of the performance area for the duration of the project period?
- Does the applicant's staffing recruitment and retention plan clearly demonstrate the applicant's ability to adequately address programmatic needs?

J. Implementation Plan (25 Points)

- Does the implementation plan clearly describe the applicant's strategies to implement services using the WSCC framework? Does the implementation plan comprehensively address those functions described in this funding announcement (under each performance area)?

- Does the applicant include a work plan consistent with the work plan example provided in Appendix B? Does the work plan include process objectives that support an objective assessment of service delivery and efficiency?
-

K. Evaluation Plan (30 Points)

- Does the applicant clearly describe strategies to assure quality and implement CQI for the entire program which may involve multiple parties?
- Does the evaluation plan follow a standard scientific framework and include logic models?
- Does the applicant clearly describe program outcomes that meaningfully and objectively assess changes in student health outcomes under the DCSHSP annually and longer term (i.e. over program period)?

L. Budget and Budget Narrative (Reviewed, but not scored)

- Does the application include an itemized budget and reasonable justification consistent with the program plan?

VIII. APPLICATION SUBMISSION

A. Application Package

Complete Application Package shall contain the following:

- A DOH Application for Funding (Appendix D)
- Project Narrative
- Attachments
- Assurance & Certification Packet

B. Application Elements - Project Narrative & Attachments

- Executive Summary
- Experience
- Organizational Capacity
- Staffing
- Implementation Plan
- Evaluation Plan
- Attachments
 - Work Plan (Attachment - Required Template)
 - Budget (Attachment - Required Template – Not Scored)
 - Application for funding
 - Application receipt
 - Assurances and Certifications

C. Pre-Application Conference

A Pre-Application Conference will be held on **April 8, 2016** from 1:00 pm to 3:00 pm.

The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held in the District of Columbia at 899 North Capitol Street, NE, 3rd Floor Conference Room 306, Washington, DC 20002.

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Charlissa Quick at charlissa.quick@dc.gov.

Please be sure to put “**RFA Contact Information**” in the subject box.

Name of Organization Key Contact
Mailing Address
Telephone and Fax Number E-mail Address

This information shall be used to provide updates and/or addenda to the RFA.

D. Assurances & Certifications

DOH requires all applicants to submit various certifications, licenses, and assurances to help ensure all potential awardees are operating with proper D.C. licenses. The complete compilation of the requested documents is referred to as the **Assurances Package**.

The Assurances Package must be submitted along with the application. Only ONE Assurances Package is required per submission.

DOH classifies assurances packages into two categories:

1. Those “required to submit along with applications” and
2. Those “required to sign award agreements.”

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.

If the applicant does not have current versions of the documents listed below on file with DOH they must be submitted with the application.

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

E. Format

Prepare application according to the following format:

Font size: Times New Roman or Arial 12-point unreduced

Spacing: Double-spaced

Paper size: 8.5 by 11 inches

Page margin size: 1 inch

Printing: Only on one side of page

Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

F. Submission

Submit four (4) hard copies (one marked “Original” and three additional copies) and one **(1) electronic copy via a flash drive** to the Community Health Administration (CHA) on or before 4:15 pm on May 2, 2016. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
3rd Floor Conference Room
899 North Capitol Street NE
Washington, DC 20002

G. Contact Information

Grants Management

Bryan Cheseman
Acting Deputy Director of Operations
DC Department of Health
Community Health Administration
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
Email: bryan.cheseman@dc.gov

Program Contact

Charlissa Quick, MSA, RN
Community Health Administration
District of Columbia Department of Health
899 North Capitol Street, NE, 3rd Floor
Washington, DC 20002
Email: charlissa.quick@dc.gov

IX. APPLICATION REVIEW & SELECTION INFORMATION

A. Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

B. External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

C. Internal Review

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

X. APPENDICES

Appendix A: Definitions

For the purposes of this RFA, the following terms shall have the meaning as described below:

Adverse Intervention shall mean an action or ministration that produces an untoward/unwanted effect.

Care Coordination (CC), as defined by the Agency for Healthcare Research and Quality, is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.

Case Management means a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources, balanced with the patient's right to self-determination.

Children with Special Health Care Needs (CSHCN) are those [students] who have or are at an increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. For the purposes of the DCSHSP students with special care needs shall be stratified using the following criteria:

Level	Population	Diagnosis	Services	IHP
Level 1	Children with Chronic Illness	Stable Chronic Disease (ex. ADHD, asthma, diabetes, etc.)	No regular services	Not required
Level 2	Children with Chronic Illness	Stable Chronic Disease (ex. ADHD, asthma, diabetes, etc.)	Periodic intervention (ex. medication administration, glucose monitoring)	Required (annual updates)
Level 3	Medically Fragile-mainstreamed in regular school setting	Unstable Chronic Disease or Other High Risk Conditions (ex. severe food allergies, unstable diabetes, uncontrolled seizures, post-cancer treatments, post-surgical, etc.)	Daily intervention and/or monitoring (ex. bladder catheterizations, tube feedings, frequent glucose surveillance, post-op wound care, tracheostomy care)	Required (annual and as needed updates)
Level 4	Severely Medically Fragile Students	Severe Illnesses/Conditions (ex. cerebral palsy, intellectual disability, developmental delays, multiple disabilities, severe emotional disturbance, etc.)	Close and/or continuous monitoring and frequent interventions (i.e. interventions/treatments listed in Level 3 required more than once daily)	N/A

Consumable supplies mean a quantity of medical and clerical goods used ordinarily in the practice of nursing and administration, including, but not limited to, gloves, bandages, water cups, and tongue depressors.

Continuous Quality Improvement is the process-based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality.

Covered School means a public school that receives school health services supported by the Department of Health.

Early Childhood means children in pre-school or pre-kindergarten (i.e. age 3 or 4 by September 30th).

Early and Periodic Screening/Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

Health Equity means the highest level of attainment of health for all people. Everyone is valued equally, and there are focused and ongoing efforts to address avoidable inequalities and the elimination of health and healthcare disparities.

Individuals with Disabilities Education Act (IDEA) is the federal law that outlines rights and regulations for students with disabilities who require special education and related services. Under the IDEA, all children with disabilities are entitled to a Free Appropriate Public Education (FAPE) in the Least-Restrictive Environment (LRE).

Individualized Educational Programs (IEP) means a plan developed for a child who is determined eligible for IDEA Part B services. Part B directs the manner in which educational services shall be provided for children with disabilities (age 3 to 21). IEP contains a description of the child's disability and appropriate placement, individualized goals and objectives and a schedule of services to be provided to the child.

Individualized Healthcare Plan (IHP) means a plan of action to be used by the school nurse and other members of the school team, as appropriate, to meet actual and potential health care needs of a student during the school day. IHP includes a list of health problems that require care in school and nursing diagnoses (by date) determined by the school nurse. For each health problem and nursing diagnosis identified, the plan shall specify interventions, specific student outcomes and evaluation criteria.

Local Wellness Policies are comprehensive policies to be implemented by each school as required by federal law. Local wellness policies aim to improve the environmental sustainability of schools, improve nutrition education and promotion, physical activity and other activities that promote student wellness. (DC Law 18-209, DC Code §38-821.01 et seq., Healthy Schools Act of 2010).

Local Education Agency (LEA), as defined in the Federal Elementary and Secondary Education Act (ESEA), means a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, school district, or other political subdivision of a State. In the District, DCPS serves as the LEA for all traditional public schools and each public charter school serves as a LEA for the school or schools in its network.

Medical home is described by the American Association of Pediatrics as a system of care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Medically Fragile Students mean students with healthcare needs that may require specialized healthcare procedures for life support and/or health support during the school day. This category does not include students who require one-on-one skilled nursing care throughout the day.

Non-fixed Equipment means equipment and furnishings valued at less than five-thousand dollars (< \$5,000), including but not limited to chairs, privacy screens, and office phones.

Outcome Evaluation measures program effects in the target population by assessing the progress in the outcomes that the program is to address.

Process Evaluation determines whether program activities have been implemented as intended and resulted in certain outputs.

Public Schools are District of Columbia Public Schools and public charter schools.

Required Health Forms refer to the DC Universal Health Certificate and the Oral Health Assessment Form which are completed by a child's primary care physician, or nurse practitioner following a physical exam, and by a dentist after an oral health exam. These forms provide the school system with pertinent medical information on the status of a child's health. Parents of school-aged students are required to have the DC Universal Health Certificate completed and submitted to each school principal or designated school official annually. The Oral Health Assessment Form is completed by the student's oral health care provider following a dental examination as required by DC Official Code § 38-602 and is also submitted to the school principal.

School Health Suites means a physical location within a school that meets the standards of the District of Columbia of Department of Health.

Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law that prohibits discrimination against individuals on the basis of disabilities and guarantees access to federally funded programs, including public school, for disabled individuals.

Special Education refers to a range of educational and social services provided by the public school system and other educational institutions to individuals with disabilities who are between three and 21 years of age.

Special Needs Schools are schools exclusively providing health and education services to children who have or are at an increased risk for a chronic physical, developmental, behavioral or emotional condition and who require services of a type or amount beyond those required by children generally.

Students shall include all public school students Pre-K thru grade twelve (12) and the ungraded special needs school.

Trauma-informed approach realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.

Unusual Incident means any happening, event, or situation, not consistent with the desired operation of the District of Columbia School Health Services Program and which may have caused or may have the potential for causing injury to clients, visitors, students, or staff, or resulting in the loss or damage to property.

Whole School, Whole Community, Whole Child (WSCC) Model means a child focused model of health and academic services that emphasizes a school wide approach and that acknowledges the

school being a part and reflection of the local community. This model aligns, integrates and coordinates health, education and behavioral services to serve the needs of the whole child.

Appendix B: Work Plan Template

Applicant/Grantee Organization:
Contact Person:
Title:
Telephone:
Email Address:

DOH RFA# CHA.SHSP.040116
RFA Title: School-Based Health Clinics
Project Title:
Total Request \$:
Primary Target Population:

PROPOSED WORK PLAN

GOAL 1: Insert in this space one proposed project goal. Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partner(s):

	Key Activities Needed To Meet This Objective:	Start & Completion Dates		Key Personnel (Title)
1				
2				
3				

Measurable Objectives/Activities:

Objective #1.2:

Key Indicator(s):

Key Partner(s):

	Key Activities Needed To Meet This Objective:	Start & Completion Dates		Key Personnel (Title)
1				
2				
3				

Continue with this format to outline additional goals and related process objectives

Appendix C: Budget Format

RFA#: CHA.SHSP.040116

The following is a sample format to complete you budget narrative

☒ Application Budget Submission ☐ Pre-Award Revision#___ ☐ Post-Award Modification (Grant#_____)

Applicant/Grantee Organization: _____

Primary Contact Person:

Telephone: _____

Person Preparing Budget:

Telephone: _____

A. Salaries and Wages

Total: \$

Name	Position Title	Annual Salary	Time	Months	Amount Requested
		\$			\$
		\$			\$

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits

Total: \$

Fringe benefits are applicable to direct salaries and are treated as direct costs.

C. Consultants/Contracts

Total: \$

Contractor #1		
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive

*If Sole Source - include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of	End Date of Contract

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment **Total: \$**

E. Supplies **Total: \$**

Example: General office supplies (pens, paper, etc.) (Example: 18 months x \$300/year x 2 staff) \$1,200.00

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the award.

F. Travel **Total: \$**

Provide details and rationale for proposed in-state and out of state travel

G. Other **Total: \$**

Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost **Total: \$**

Salary and Wages	\$
-------------------------	----

Fringe	\$
Contracts	\$
Equipment	\$
Supplies	\$
Travel	\$
Other	\$
TOTAL DIRECT	\$

I. Total Indirect Cost


Total: \$

Indirect cost is calculated as a percentage of total direct costs (Direct Costs \$ x 10%)

J. Total Financial Request Summary

Salary and Wages	\$
Fringe	\$
Contracts/Consultant	\$
Equipment	\$
Supplies	\$
Travel	\$
Other	\$
Total Direct	\$
Indirect Cost	\$
Total Financial Request	\$

Appendix D: Application For Funding

		Department of Health District of Columbia Application for Funding	
RFA #	CHA.SHSP.040116	RFA Title:	School Health Services Program
Release Date:	April 1, 2016	DOH Administrative Unit:	Community Health Administration
Due Date:	May 2, 2016	Fund Authorization:	Local DC Appropriated Funds (FY 16)
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> Non-competitive Continuation			
<p>The following documents should be submitted to complete the Application Package:</p> <ul style="list-style-type: none"> DOH Application for Funding (inclusive of DOH & Federal Assurances & Certifications) Project Narrative (as per the RFA Guidance) Project Work Plan (per the RFA Guidance) Budget and Narrative Justification 			
<u>Complete the Sections Below. All information requested is mandatory.</u>			
1. Applicant Profile:		2. Contact Information:	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			
3. Application Profile:			
Select One Only:	Program Area:		Funding Request:
	[] School Health Services Program		
	[]		
Proposal Description: 200 word limit			
<hr/> Enter Name & Title of Authorized Representative		<hr/> Date	

CHA.SHSP.040116

Appendix E: Application Receipt



Application Receipt for CHA.SHSP.040116

The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to CHA.SHSP.040116. The application package has been submitted by an authorized representative for the following organization:

(Applicant Organization Name)

(Address, City, State, Zip Code)

(Telephone)

(Fax)

(E-mail Address)

Submitted by: _____ (Contact
Name/Please Print Clearly) (Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____

2. Amount Requested: _____

3. Program / Service Area for which funds are requested in the attached application: *(check one)*

☐ School Health Services Program

District of Columbia Department of Health Use Only

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: _____ / _____ / 2016	
Time Received: _____	
Received by: _____ Tracking # _____	

APPENDIX F. APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DOH, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.

11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat. 56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et seq.);
11. Military Selective Service Act of 1973;

12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
 - 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
 - 2) Establish a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
 - (3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification.

2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends \$750,000 or more in federal funds within the recipient’s last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee’s last fiscal year, were you required to conduct a third-party audit?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
C. Executive Compensation: For an award issued at \$25,000 or above, do Applicant/Grantee’s top five executives <u>do not receive</u> more than 80% of their annual gross revenues from the federal government, Applicant/Grantee’s revenues are greater than \$25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. <i>If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.</i>	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DOH, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign: _____

Date: _____

NAME: INSERT NAME

TITLE: INSERT TITLE

AGENCY NAME:

Typed Name and Title of Authorized Representative

Signature

Date